UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	MEd0010
First Inventor	Alec Ginggen
Title	Adjustable Resistance Valve for a Cerebrospinal Fluid Shunt System
Express Mail Label No.	EV138492245LIS

ADDRESS TO:

(only for new nonprovisional applications under 37 Cr 1.53(b))	-R
APPLICATION ELEMENTS	

,	_, _,	 	 . •		

See MPEP Chapter 600 concerning utility patent application contents.

- 1. Tee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)
- Applicant claims small entity status. 3. Specification [Total Pages 19]
 - (Preferred arrangement set forth below) - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

4. \boxtimes Drawing(s)(35 USC 113)	[Total Sheets2]
5. Oath or Declaration	[Total Pages

- a. Newly unexecuted (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
 - (for continuation/divisional with Box 18 completed)

i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application,

see 37 CFR 1.63(d)(2) and 1.33(b).

P.O. Box 1450 Alexandria, VA 22313-1450 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. 🔲 paper c. Statement verifying identity of above copies **ACCOMPANYING APPLICATION PARTS** 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations 13. Preliminary Amendment 14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. ☐ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form

PTO/SB/35 or its equivalent.

Mail Stop Patent Application Commissioner for Patents

	J Application Data Sheet. Se				
18.	If a CONTINUING APPLICATION	, check appropriate box	and supply the red	quisite information	below and in a

preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

17. Other

☐ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson

One Johnson & Johnson Plaza

New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Eugene L. Szczecina, Jr. at:

Telephone: (732) 524-1479 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Eugene L. Szczecina, Jr.

NAME **SIGNATURE** October 16, 2003 DATE

Req. No. 35

FEE TRANSMITTAL Application Number Filing Date First Named Inventor Alec Ginggen Group Art Unit Examiner Name Attorney Docket Number MED0010

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	14 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
·		TOTAL FEES	\$ 750.00	

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/MED0010/GS in the amount of \$750.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/MED0010/GS. Three copies of this sheet are enclosed.

SUBMITTED B	Complete (if applicable)		
Typed or Printed Name	• • • • • • • • • • • • • • • • • • • •		
Signature	Eugen 2. Szor. J	Date: 10/16/03	Deposit Account No. 10-0750

DOCKET NO. MED0010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ginggen & Tardy

For : Adjustable Resistance Valve for a Cerebrospinal

Fluid Shunt System

Express Mail Certificate

"Express Mail" mailing number: EV138492245US

Date of Deposit: October 16, 2003

I hereby certify that this complete application, including specification pages, claims, formal drawings and Information Disclosure Statement/Form 1449, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Karen Hall-Morgan

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)